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Substitute for form 1449/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)				<b>Application Number</b>	10/595,076
				<b>Filing Date</b>	July 29, 2003
				<b>First Named Inventor</b>	Bengt-Ake Bengtsson
				<b>Group Art Unit</b>	1646
				<b>Examiner Name</b>	Not yet assigned
<b>Sheet</b>	1	of	1	<b>Attorney Docket Number</b>	05558.0036.PCUS00

<b>NON PATENT LITERATURE DOCUMENTS</b>			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher city and/or country where published	T <sup>2</sup>
	C69	Eriksson, E., "Experimental Psycho-Neuro-Endocrinology: Brain Alpha <sub>2</sub> Adrenoceptor Function and Growth Hormone Release, Department of Pharmacology, University of Goteborg, Göteborg, Sween, April 1985 (Abstract)	

<b>Examiner Signature</b>	/Christina Borgeest/ (04/03/2009)	<b>Date Considered</b>	
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /CB/